



Mike Stinson <MStinson@piaa.us> on 10/31/2012 09:34:28 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc:

Subject: FEC Form 9 filing - HCLA

Attached, please find an FEC Form 9 filing for the Health Coalition on Liability and Access (HCLA).

Michael C. Stinson, Chair
Health Coalition on Liability and Access
PO Box 78096
Washington, DC 20013-9096
W: (240) 813-6139
C: (202) 250-4258
E: mstinson@piaa.us



FEC Form 9 - HCLA - Heller.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Health Coalition on Liability and Access

(b) Address (number and street) check if different than previously reported

PO Box 78096

(c) City, State and ZIP Code

Washington, DC 20013-8096

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

2. FEC Identification Number

C30002125

3. Is This Statement

New

or

Amended

4. Covering Period

10 26 2012 through

10 30 2012

5. (a) Date of Public Distribution(s)

10 30 2012

(b) Communication Title

HCLA-Maker

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name

Michael C. Stinson

(b) Address (number and street)

2275 Research Boulevard, Ste. 250

(c) City, State and ZIP Code

Rockville, MD 20850

(d) Name of Employer or Principal Place of Business

Physician Insurers Assn. of America

(e) Occupation

Dir. of Gov't Relations

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

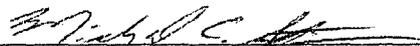
54,108.29

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Michael C. Stinson

SIGNATURE



DATE

10/31/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
 (use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name
 Michael C. Stinson

(b) Address (number and street)
 2275 Research Boulevard, Ste. 250

(c) City, State and ZIP Code
 Rockville, MD 20850

(d) Name of Employer or Principal Place of Business
 Physician Insurers Assn. of America

(e) Occupation
 Dir. of Gov't Relations

B. (a) Name
 Katie Orrico

(b) Address (number and street)
 725 15th St., NW, Suite 500

(c) City, State and ZIP Code
 Washington, DC 20005

(d) Name of Employer or Principal Place of Business
 American Assn of Neurologic Surgeons

(e) Occupation
 Director

C. (a) Name
 Graham Newson

(b) Address (number and street)
 317 Massachusetts Ave., Suite 1000

(c) City, State and ZIP Code
 Washington, DC 20002

(d) Name of Employer or Principal Place of Business
 American Assn of Orthopaedic Surgeons

(e) Occupation
 Assoc. Dir. Gov't Rel.

D. (a) Name
 George Cox

(b) Address (number and street)
 25 Massachusetts Ave., Suite 600

(c) City, State and ZIP Code
 Washington, DC 20001

(d) Name of Employer or Principal Place of Business
 American Medical Assn.

(e) Occupation
 Director, Div of Lgl Cnsl

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <i>McCarthy Hennings Media, Inc.</i>			Date of Disbursement or Obligation <i>10 26 2012</i>		
Mailing Address of Payee <i>1850 M Street, NW</i>			Amount <i>1,108.29</i>		
City <i>Washington</i>	State <i>DC</i>	Zip Code <i>20036</i>	Communication Date <i>10 30 2012</i>		
Name of Employer _____			Occupation _____		
Purpose of Disbursement (Including title(s) of communication(s)) <i>Production of radio ad - "HCLA Heller"</i>					
Name of Federal Candidate <i>Dean Heller</i>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: <i>NV</i> District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
B. Full Name (Last, First, Middle Initial) of Payee <i>Mentzer Media Services, Inc.</i>			Date of Disbursement or Obligation <i>10 26 2012</i>		
Mailing Address of Payee <i>600 Fairmount Avenue, Ste. 306</i>			Amount <i>53,000.00</i>		
City <i>Towson</i>	State <i>MD</i>	Zip Code <i>21286</i>	Communication Date <i>10 30 2012</i>		
Name of Employer _____			Occupation _____		
Purpose of Disbursement (Including title(s) of communication(s)) <i>Placement of radio ad - "HCLA Heller"</i>					
Name of Federal Candidate <i>Dean Heller</i>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: <i>NV</i> District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			_____		
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			<i>54,108.29</i>		

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-mail</i>	Date of Receipt or Postmarked <i>10/31/2012</i>
<i>JR</i> PREPARER	<i>11/1/2012</i> DATE PREPARED